

FAX MEMORANDUM



DATE:

TO:

DCBS STAFF

FROM:

EXIT INTERVIEWER

SUBJECT:

DCBS Response to CRP's Suspected Maltreatment and
Threat of Harm to Self or Others

Pursuant to **SOP 7E.2.7** of the Cabinet for Families and Children's Protection & Permanency Division, the DCBS office identified on this form as the county of incident /residence (Fax #1) has the responsibility to determine if an investigation/action is warranted and to reply to this fax within **10 working days**. (See DCBS Response to CRP located in the section at the bottom of the reporting form.)

DIRECTIONS:

Reviewing and responding to the attached form

Responding to Maltreatment Report <i>(Investigation or FINSA)</i>	Responding to Threat of Harm to Self or Others
<i>Check whether DCBS plans to investigate or conduct a FINSA on the maltreatment report in the "DCBS RESPONSE TO CRP" section.</i>	<i>Acknowledgement that the report was received by this DCBS office in the "DCBS RESPONSE TO CRP" section.</i>
<i>If DCBS does not plan to investigate or conduct a FINSA on the maltreatment report, please state the reason why.</i>	<i>Identify by name, title, phone, & e-mail the DCBS staff member responsible for responding.</i>
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The Children's Review Program (CRP) is responsible for reporting alleged maltreatment and threat of harm to self or others.

If you have any questions regarding the allegations, please contact the "Interviewer/Reporter" denoted on the CRP-QA 102 Report of Suspected Maltreatment Form or CRP-QA 103 Report of Harm to Self or Others Form. Other questions may be directed to Alan Hounshell at (859) 455-7452 (Ext. 243).